

**North Carolina Division of Mental Health, Developmental
Disabilities and
Substance Abuse Services**

**Complaints Received By
Local Management Entities**

**State Fiscal Year 2010-2011
2nd Quarter
(10/1/10 to 12/31/10)**

Prepared by

**Customer Service and Community Rights Team
Advocacy and Customer Service Section**

Executive Summary

North Carolina Administrative Code (10A NCAC 26G.7001-7003) requires that all Mental Health, Developmental Disabilities and Substance Abuse Local Management Entities (LMEs) utilize standardized complaint response and complaint reporting procedures regarding services provided in their catchment areas. These rules state that LMEs are required to receive, review, appropriately respond and report complaints regarding any mental health, developmental disability and/or substance abuse service. This requirement includes complaints regarding all facilities licensed under NC General Statute 122C-Article 2 (except hospitals), unlicensed community-based services and LME services. For the purpose of this report and LME data collection, we define *complaints* as “any expression of dissatisfaction.”

This report includes aggregate statewide data and does not include data for each individual LME¹. A short caveat: It is difficult to interpret with certainty the reasons for variability in complaint rates among LMEs. A higher number of complaints may be a result, for example, of increased education for consumers, families and providers about consumer rights, the complaint rule and/or empowerment efforts to encourage the reporting and resolution of complaints. In fact, it is expected that aggregate data in future reports will likely show increases in the number of complaints reported to the LMEs due to public awareness and consumer education activities. Therefore, LME data comparisons are problematic.

These data, however, are very useful to local planners and policy groups. LME complaint data are utilized at the local level to inform management of trends that may justify further action or indicate an issue in their catchment area. Many LMEs report data trends to their Client Rights Committees, Board of Directors, Quality Management Team and Area Directors to ensure an expedient response to potential areas of concern. LMEs look at complaint patterns to identify opportunities for quality improvement and to provide technical assistance when needed to ensure that appropriate action is taken. For example, LME staff may initiate an investigation or a provider review as a result of an individual complaint. Importantly, LMEs also provide this information to local Consumer Family Advisory Committees (CFACs) for their review and recommendations to respective LMEs.

¹ LME data are available upon request. Please contact Cindy Koempel or Tracy Ginn at (919) 715-3197 or e-mail Cindy.Koempel@dhhs.nc.gov.

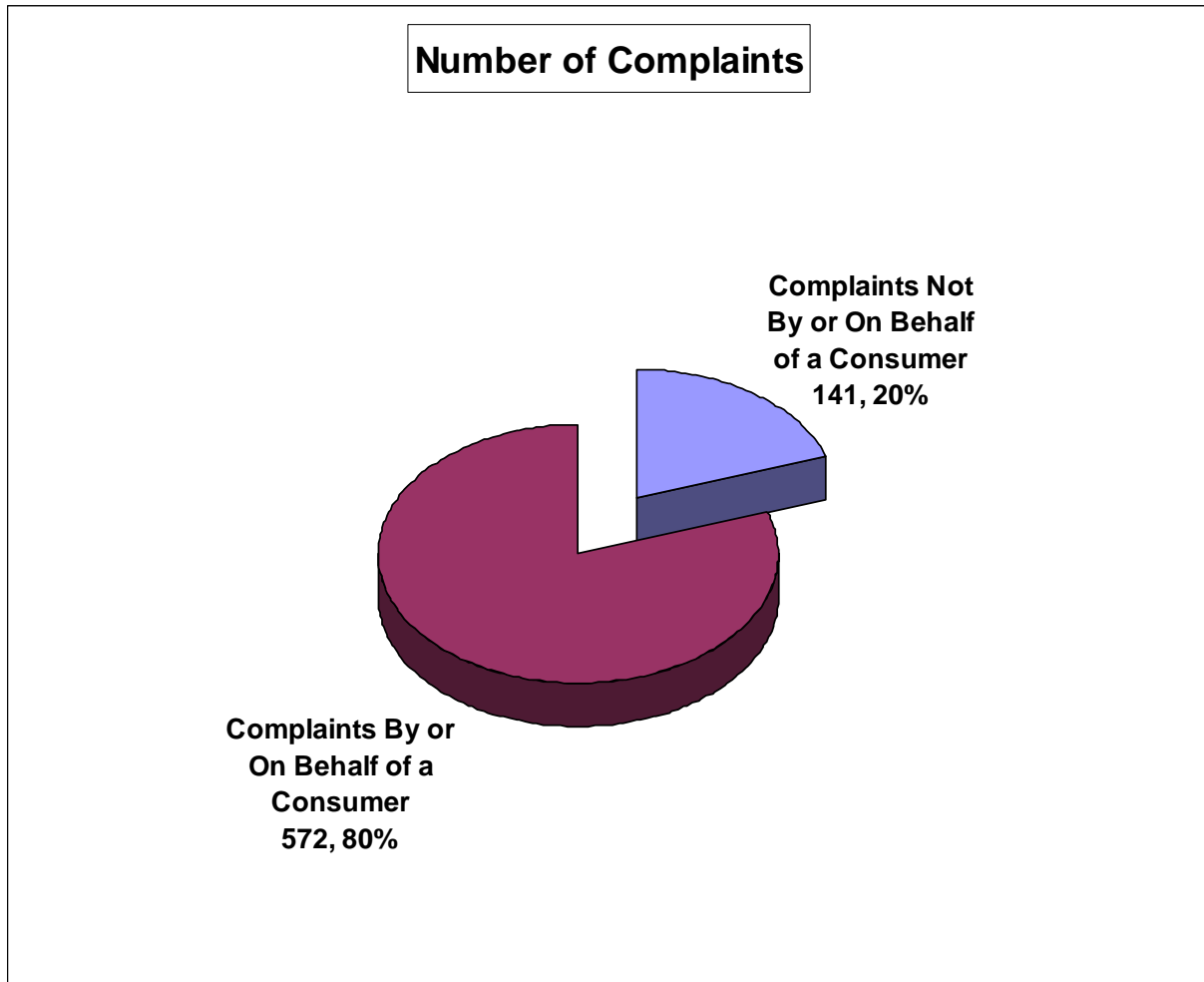
State Fiscal Year (SFY) 10-11 2nd Quarter Complaint Data Highlights:

- A total of 713 complaints were made to LMEs between October 1, 2010 and December 31, 2010. Of those complaints 572 (80%) were filed by or on-behalf of a consumer and 141 (20%) were not filed by or on behalf of a consumer because the issue did not directly involve a particular individual.
- Consumers filed 161 (24%) and parents/guardians filed 135 (19%) complaints during this quarter, accounting for 43% of the complaints reported statewide. Providers initiated 156 (22%) complaints.
- Complaints regarding services for adults accounted for 384 (67%) of the 572 complaints by or on behalf of a consumer and 144 (25%) were filed by or on behalf of a child or adolescent. Over half of the complaints filed by or on behalf of a consumer this quarter, 303 (53%), involved consumers with a mental health diagnosis, 106 (19%) a developmental disability diagnosis, 93 (16%) multiple disabilities and 24 (4%) a substance abuse diagnosis.
- The primary nature of the complaints varied with the following three categories accounting for over half: 309 (44%) complaints were related to quality of care, 67 (9%) related to access to services and 67 (9%) involved service coordination between providers.
- During the second quarter of FY 2010–2011, developmental disabilities services represented 116 (16%) complaints and residential services represented 85 (12%) complaints.
- Statewide 160 (22%) complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
 - Of the 160 complaint investigations that took place, 83 (51%) were not substantiated, 52 (33%) were substantiated and 21 (13%) were partially substantiated.
 - Among the complaints that were investigated 92 (57%) required no further action, 41 (26%) required a corrective action plan and 23 (14%) resulted in recommendations to the provider.
- During this quarter 553 (78%) complaints did not require an investigation.
 - Of these, 336 (60%) were resolved by working with the provider, 160 (28%) were resolved by providing technical assistance to complainants and 25 (5%) were resolved by mediation.

- A complaint is considered resolved when the complainant accepts the outcome, withdraws the complaint or when no further action can be taken by the LME. This quarter 697 (97%) complaints were resolved and brought to administrative closure.
- The final dispositions for 679 (96%) complaints this quarter occurred at the LME level.
- During the 2nd quarter 659 (90%) complaints were resolved within 30 days of receipt of the complaint.

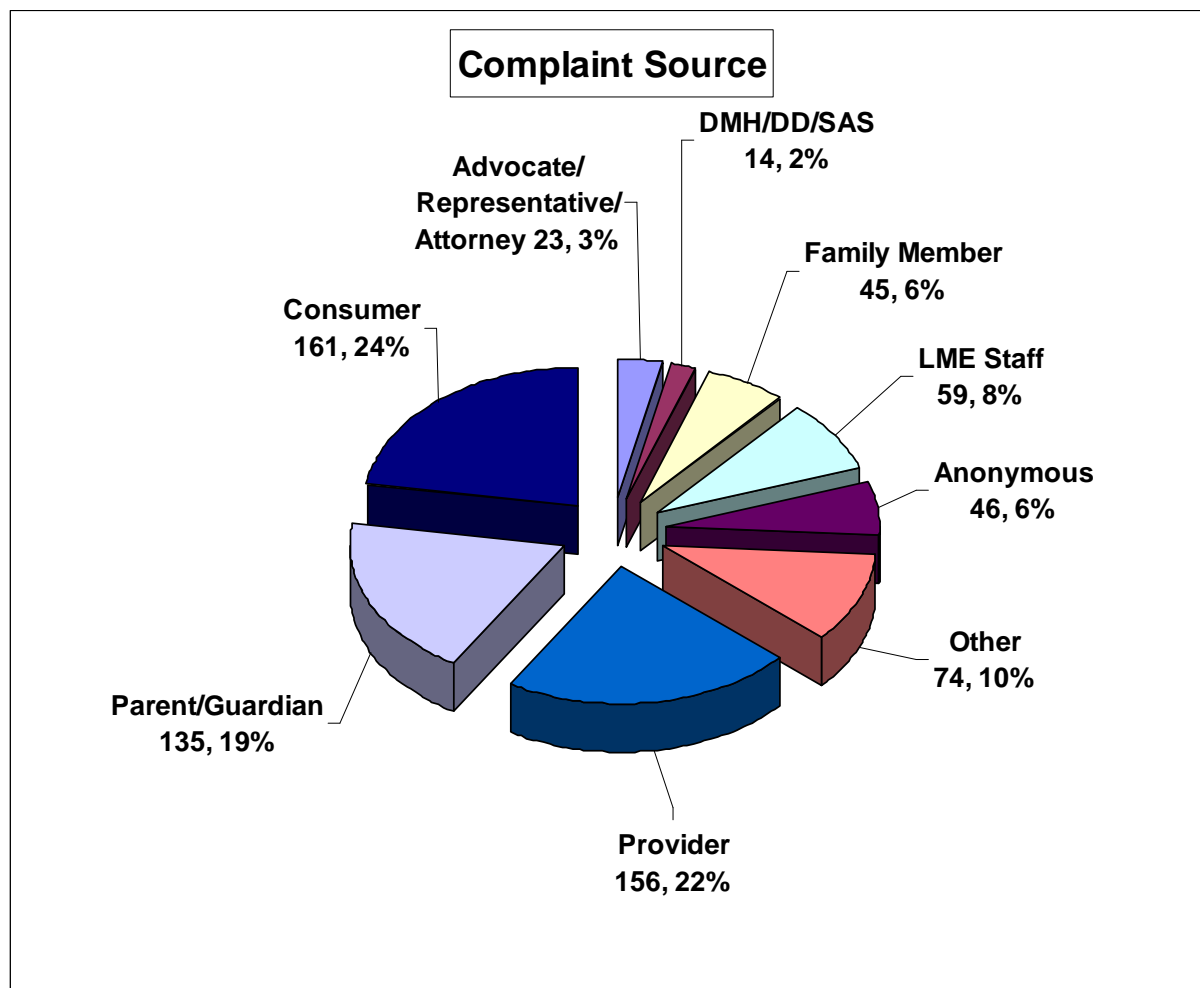
Total Number of Complaints

LMEs received a total of 713 complaints from October 1, 2010 to December 31, 2010. The graph below illustrates 572 (80%) complaints received were by or on behalf of a consumer and 141 (20%) were not by or on behalf of a consumer.



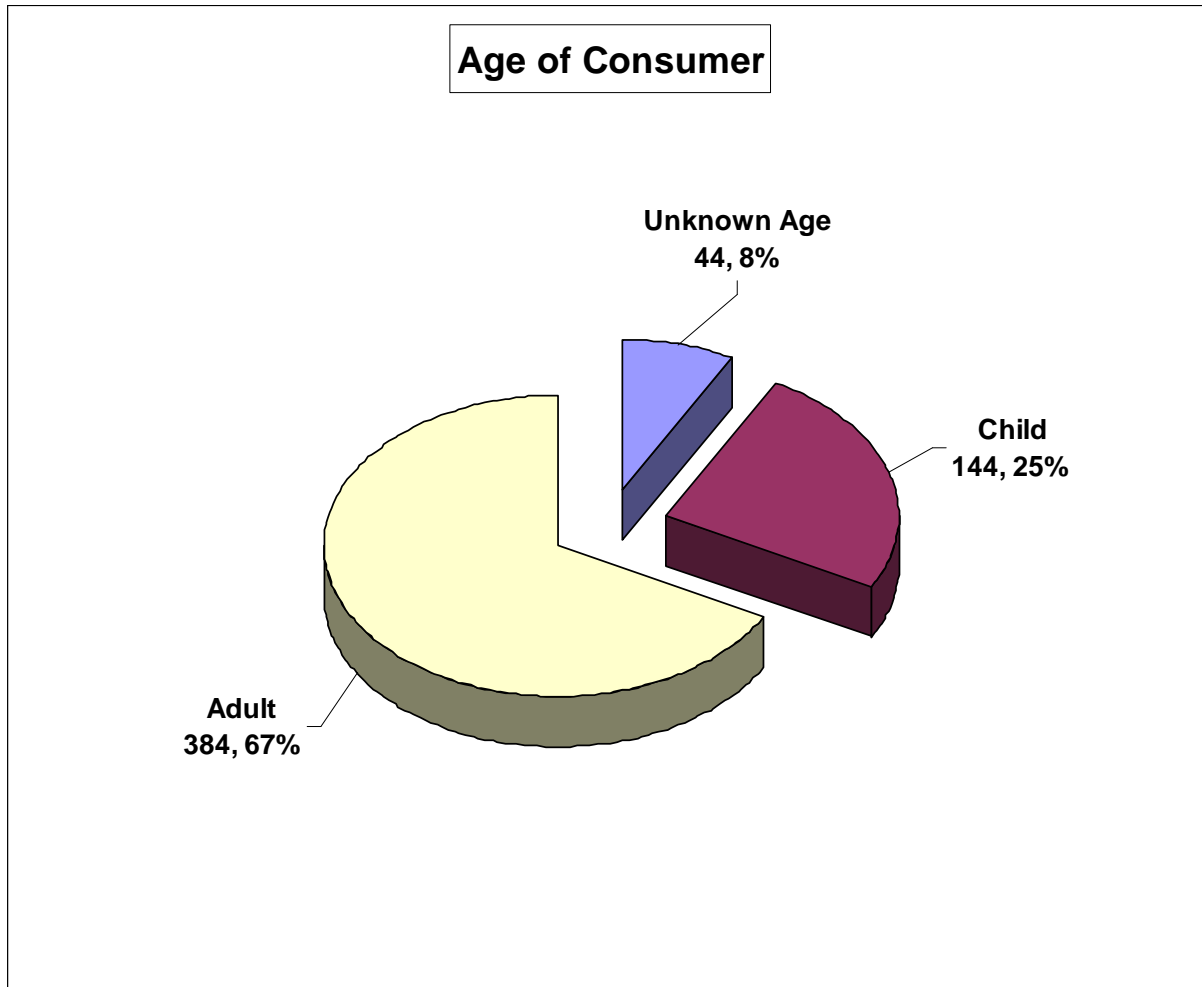
Complaint Source

Consumers filed 161 (24%) complaints, providers initiated 156 (22%) complaints and parents/guardians filed 135 (19%) complaints to LMEs this quarter. The chart below illustrates the remaining contact sources for this quarter.



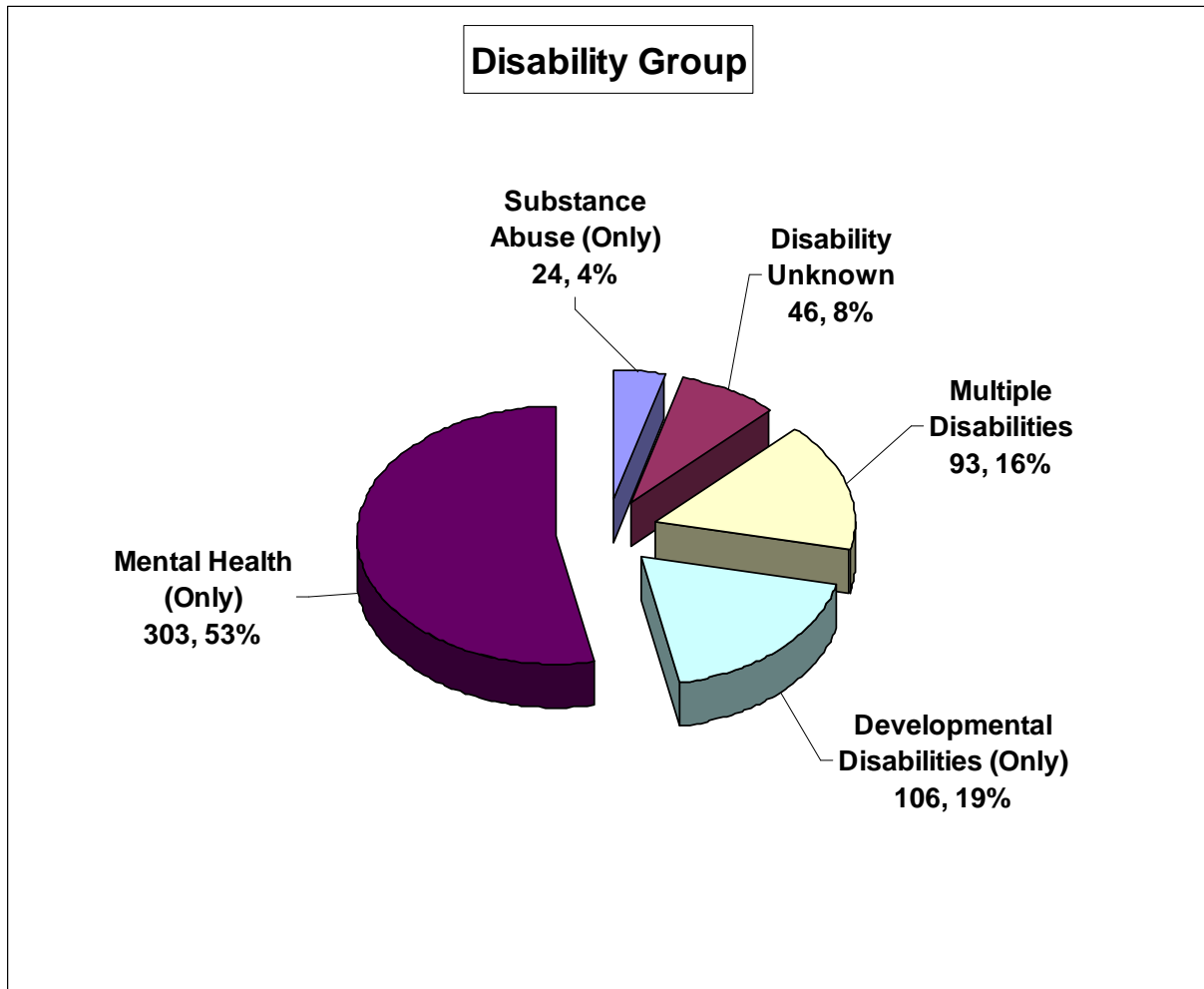
Complaints By Or On Behalf of a Consumer:
Consumer's Age Group

Statewide, 572 complaints were filed by or on behalf of a consumer from October 1, 2010 to December 31, 2010. Complaints regarding adult services (age 18 or over) accounted for 384 (67%), 144 (25%) were filed about children's services (age 0-17) and 44 (8%) complaints did not reference a specific age group.



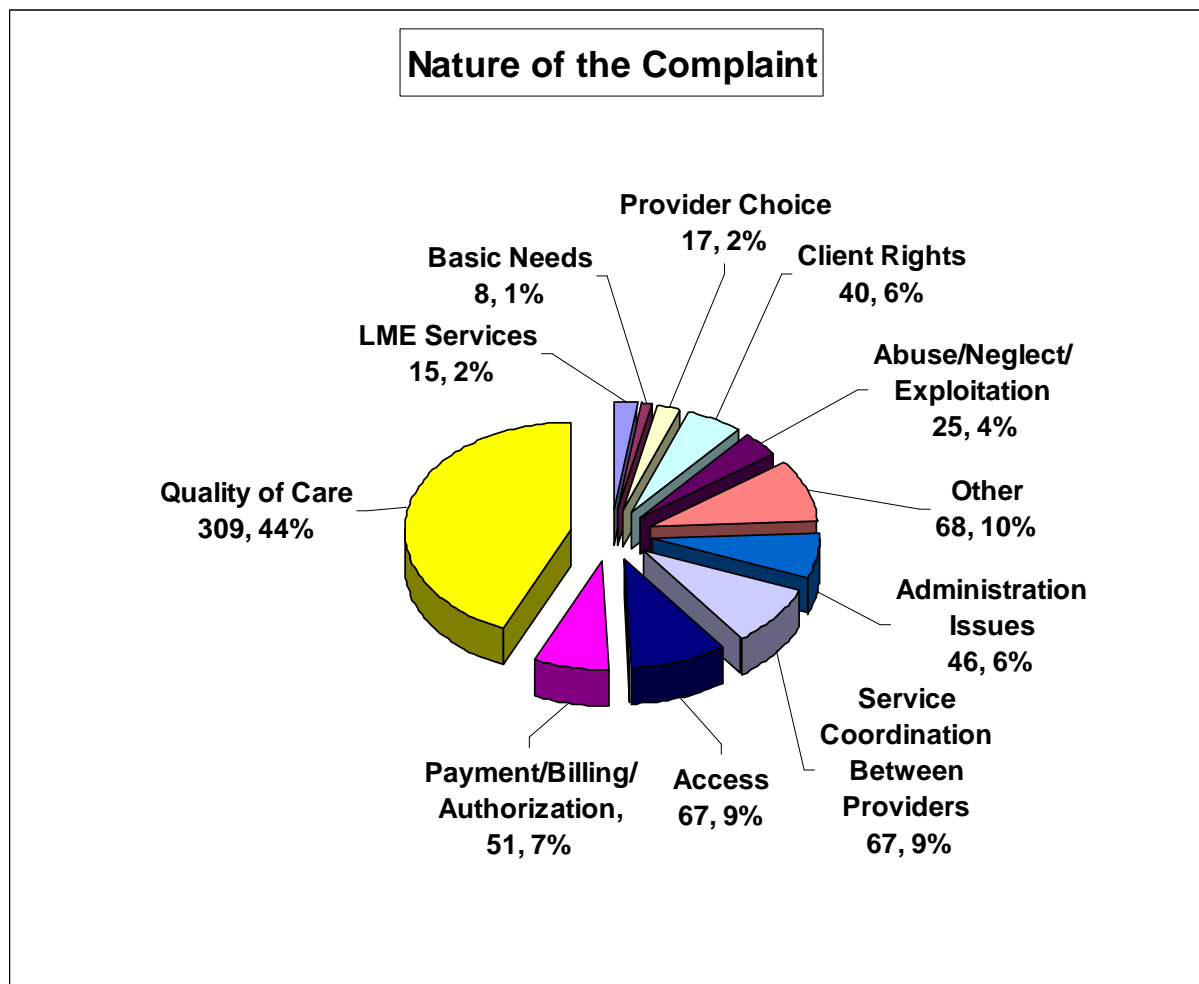
Complaints By Or On Behalf of a Consumer:
Consumer's Disability Group

The graph below illustrates the disability group associated with the complaints by or on behalf of a consumer with the following breakdown: 303 (53%) complaints involved a consumer with a mental health diagnosis, 106 (19%) involved consumers who had a developmental disability diagnosis, 93 (16%) involved consumers with multiple disabilities and 24 (4%) involved consumers with a substance abuse diagnosis.



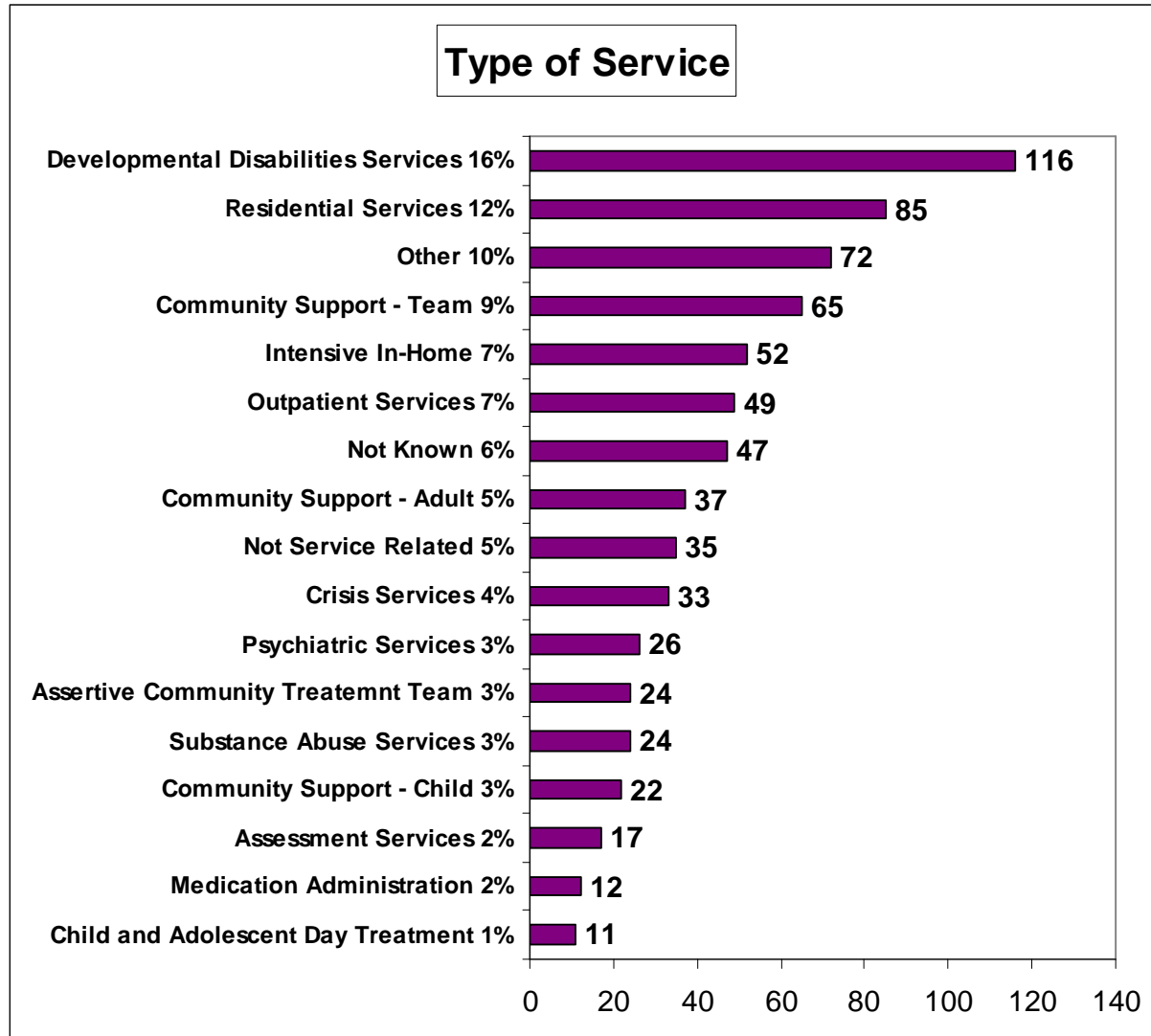
Primary Nature of the Complaint

The issues associated with the complaints are categorized in the graph below. A majority of the complaints were regarding three categories: 309 (44%) complaints related to quality of care, 67 (9%) related to access to services and 67 (9%) involved service coordination between providers.



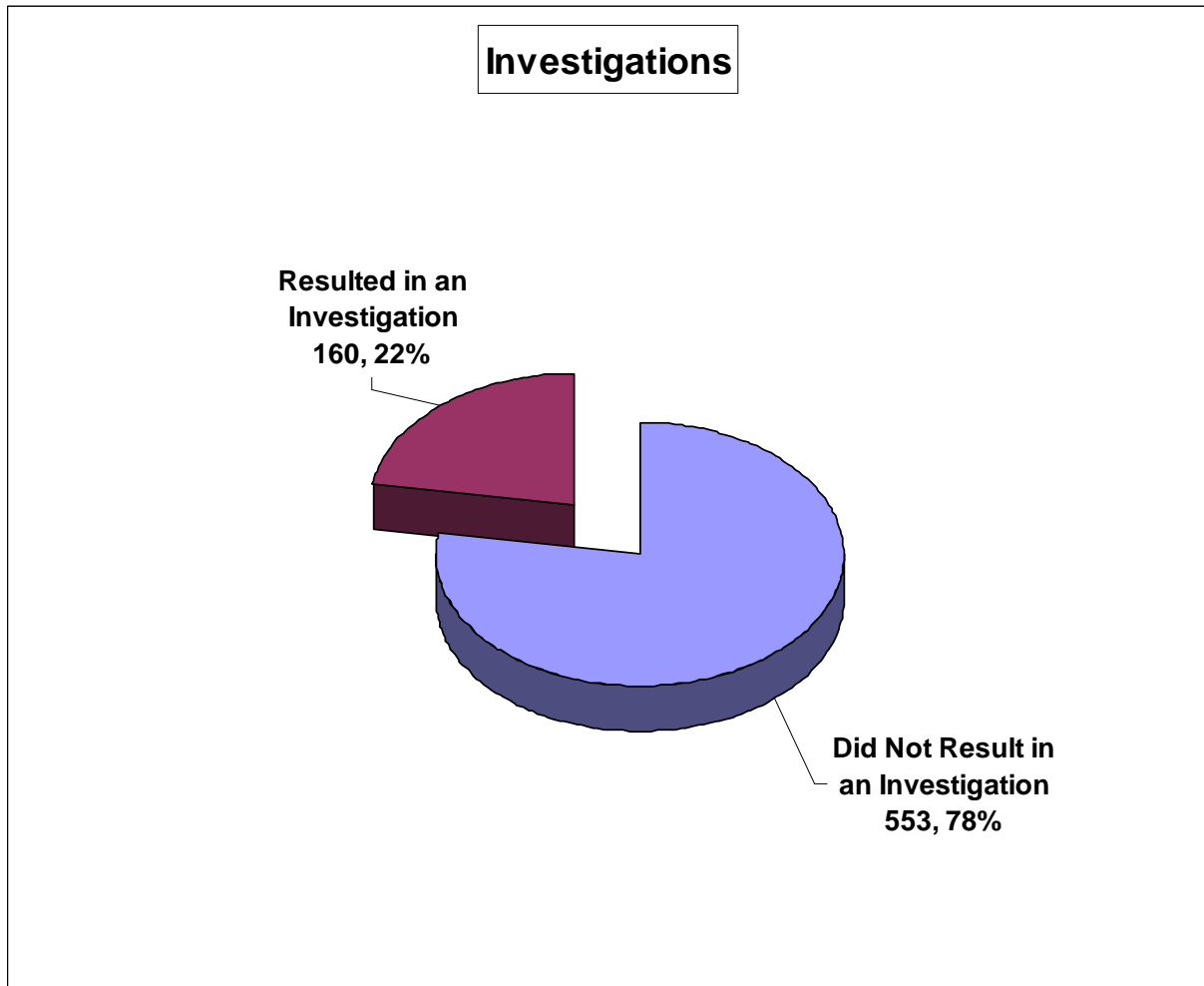
Type of Service Associated with the Complaints

Developmental Disabilities services accounted for 116 (16%) complaints this quarter. Residential services accounted for 85 (12%) complaints and Community Support Team 65 (9%) complaints.



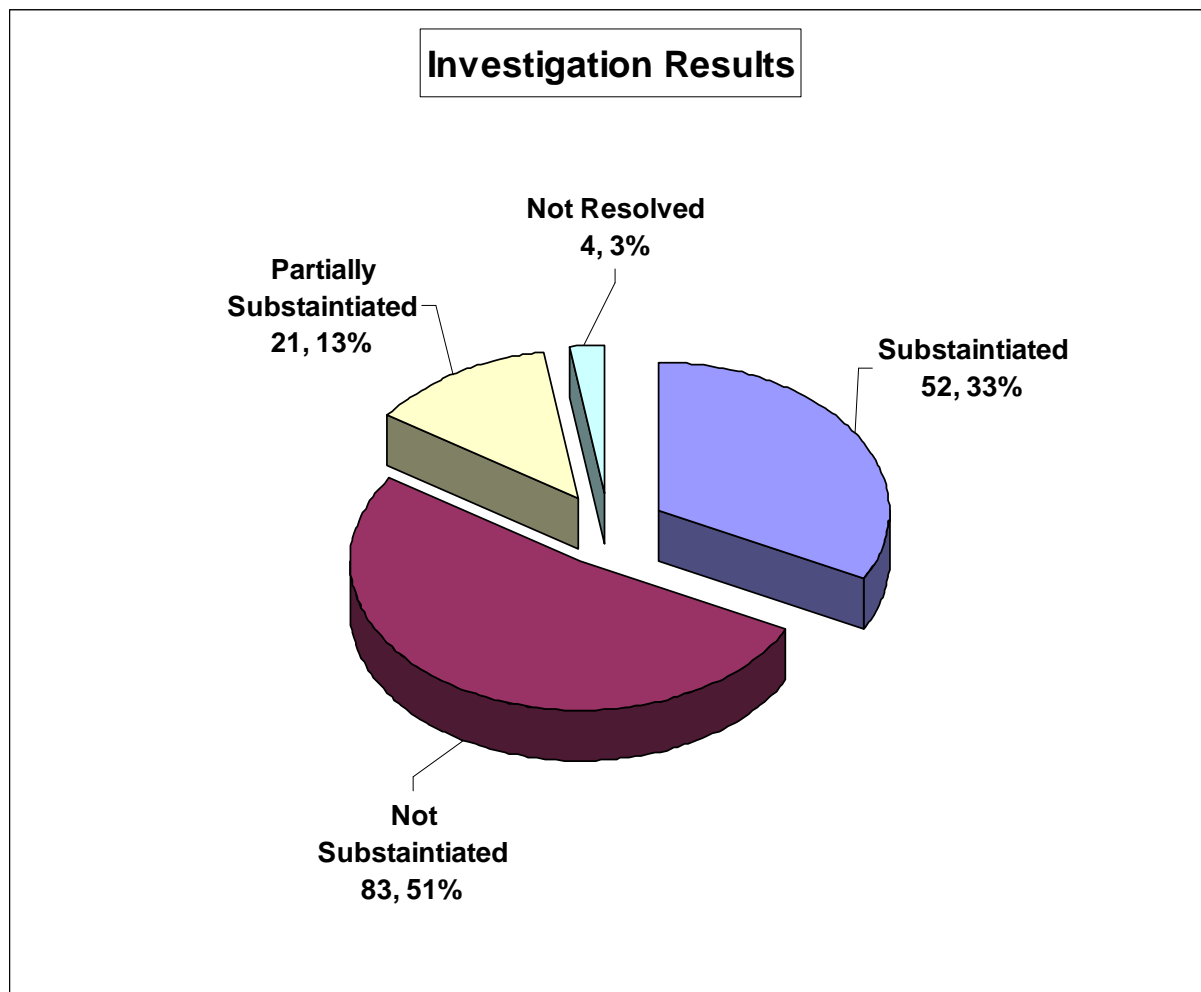
The Number of Complaints that Resulted in an Investigation

Statewide, LMEs received a total of 713 complaints from October 1, 2010 to December 31, 2010. Of those complaints 160 (22%) resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The remaining 553 (78%) complaints did not result in an investigation.



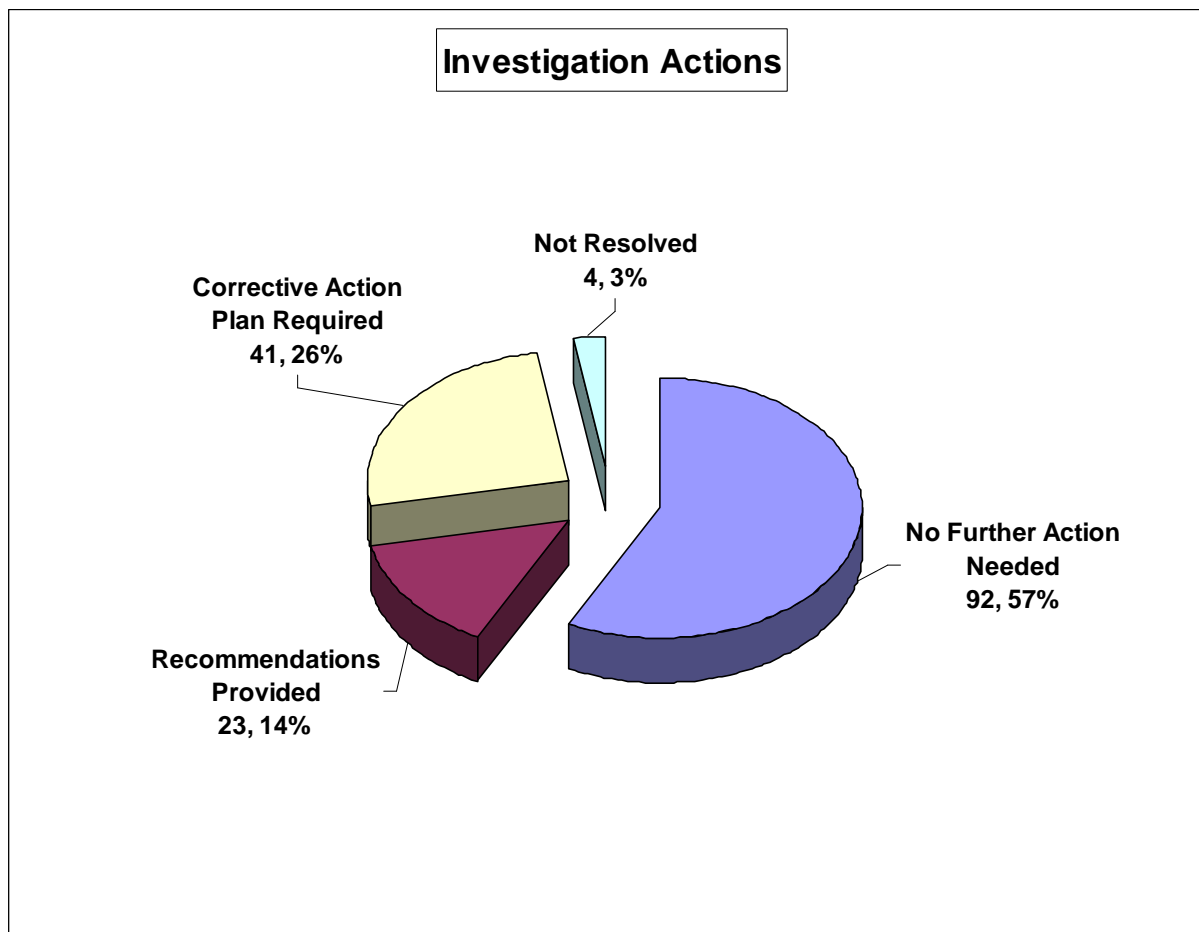
Complaint Investigation Results

Statewide, of the 160 complaints that were investigated during the first quarter, 83 (51%) were not substantiated, 52 (33%) were substantiated and 21 (13%) were partially substantiated.



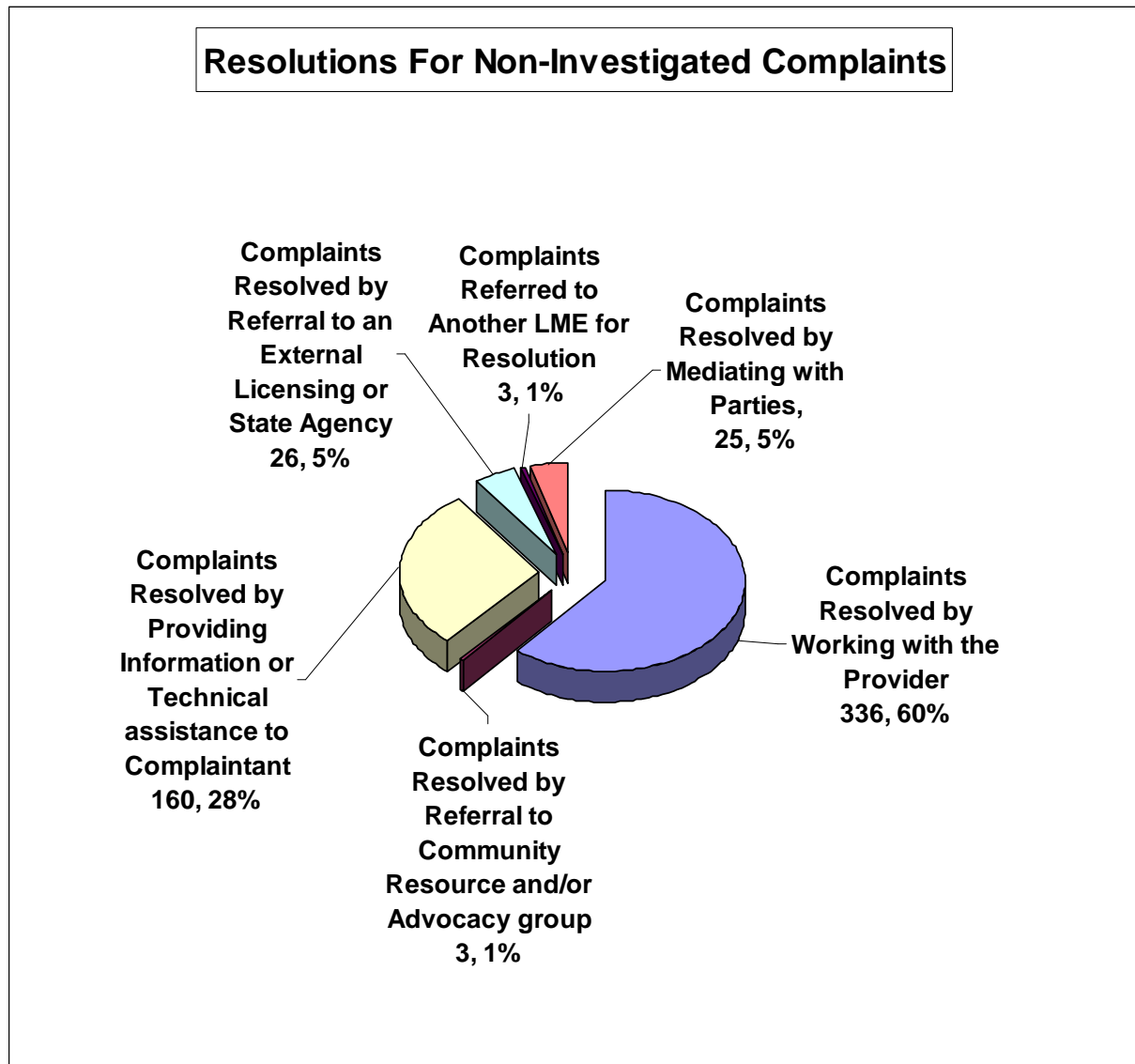
Actions Following the Investigations

During this quarter, 92 (57%) complaints investigated resulted in no further action needed, 41 (26%) complaint investigations resulted in a corrective action plan from the provider and 23 (14%) resulted in recommendations to the provider.



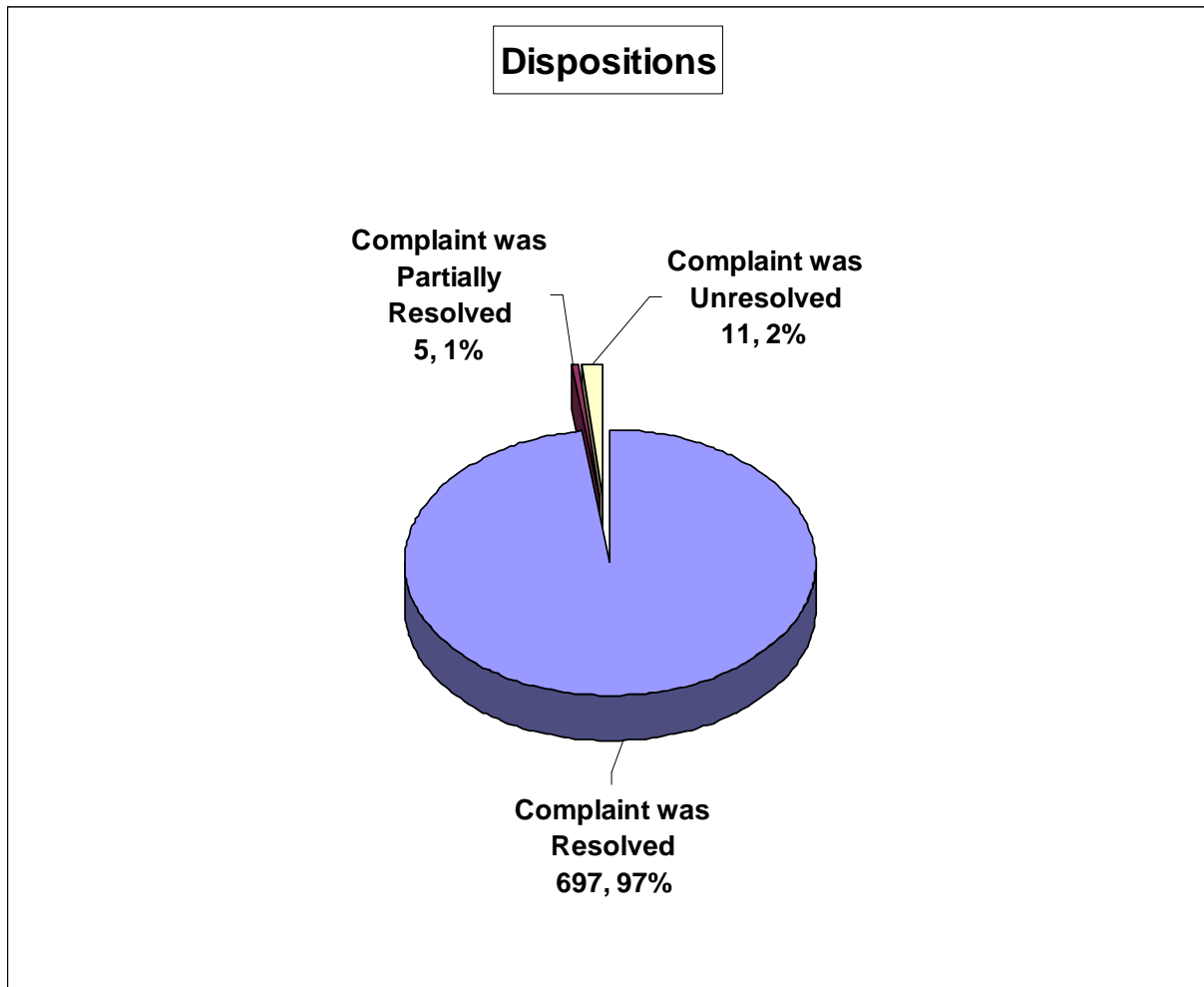
Resolution for Non-Investigated Complaints

The graph below illustrates the resolution for 553 complaints during this quarter that were resolved without an investigation. Over half of these complaints, 336 (60%), were resolved by working with the provider, 160 (28%) were resolved by providing technical assistance to the complainants, 26 (5%) were resolved by referral to an external licensing or state agency and 25 (5%) were resolved by mediating between the parties.



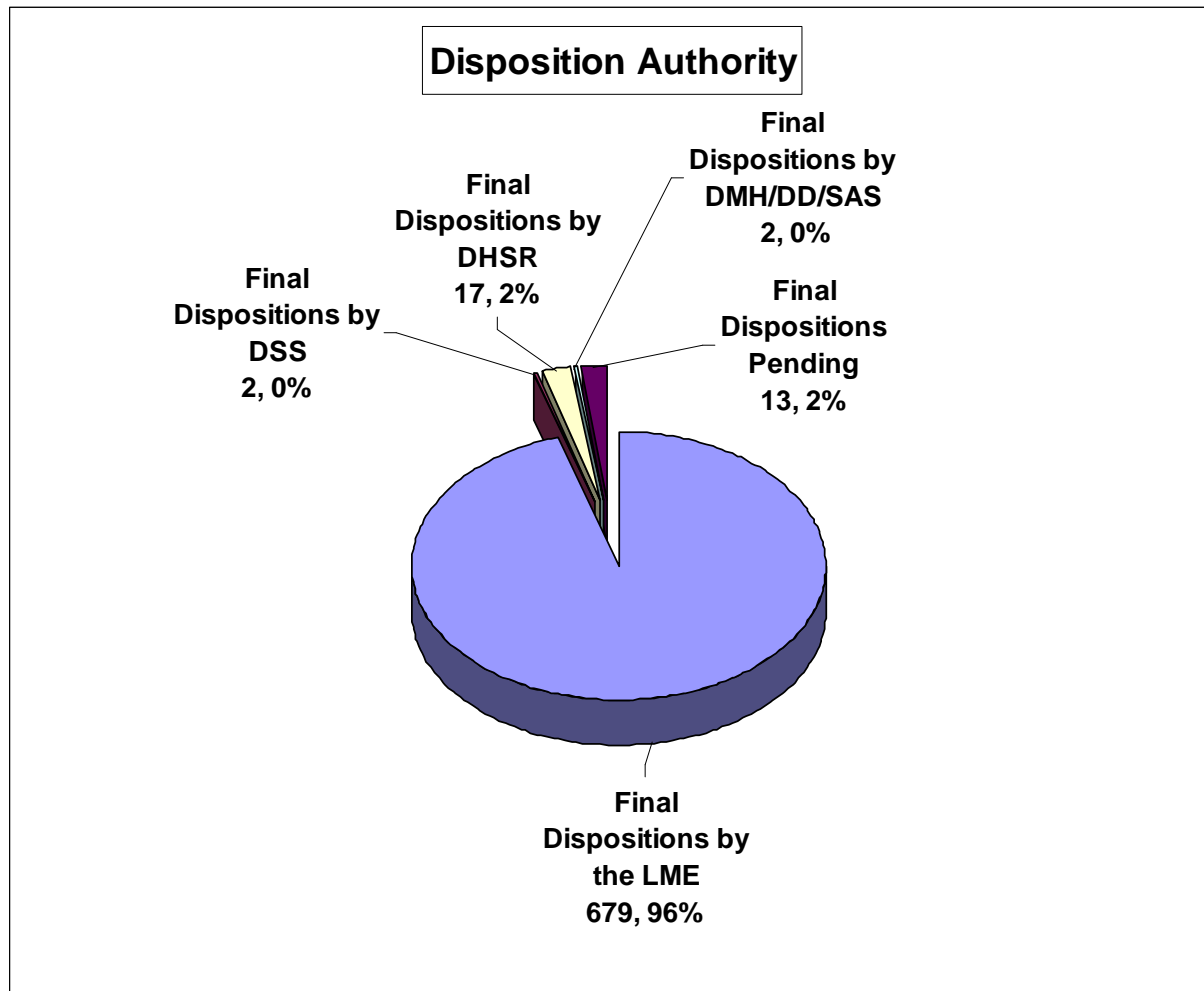
Final Disposition for all Complaints

Statewide, of the total number of complaints that were received by LMEs during this quarter, 697 (97%) were resolved, 11 (2%) were unresolved and 5 (1%) were partially resolved.



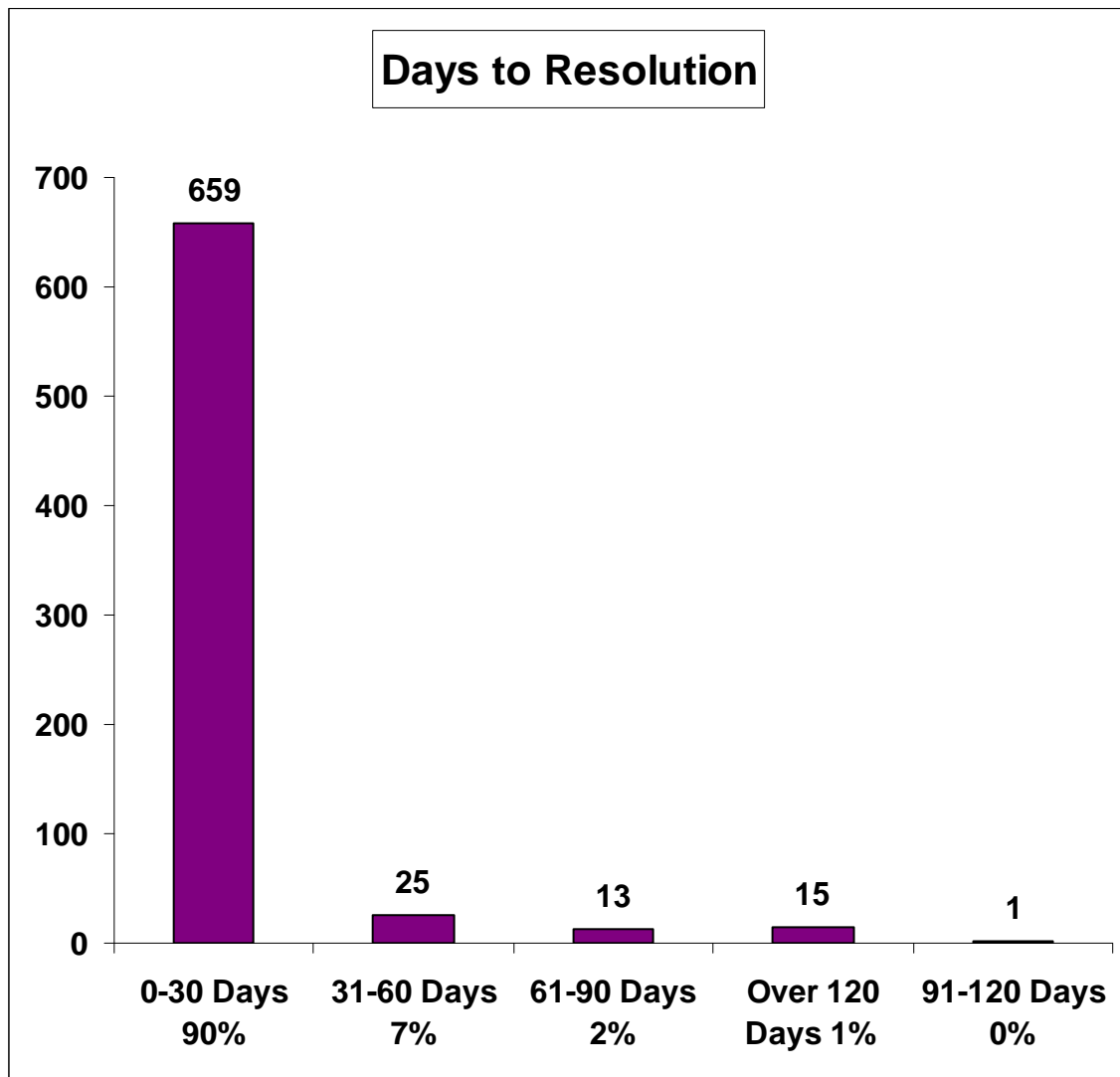
Final Disposition Authority for all Complaints

The graph below illustrates that 679 (96%) final dispositions were by the LME. Among the remaining complaint dispositions 17 (2%) final dispositions were by the Division of Health Service Regulation (DHSR), 2 (0%) were by the Department of Social Services (DSS), and 2 (0%) were by Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). At the time of this report 17 (2%) were pending.



Number of Days to Resolution

Most of the complaints received during this quarter, 659 (90%), were resolved within 30 days of receipt of the complaint. When complaints require more than 30 days to resolve, they usually are reported to DMH/DD/SAS, DHSR, DSS or another licensing or state agency for investigation and require extended time frames for a resolution at the LME level.²



² Initial data collection occurs during the quarter. However, the final report data is submitted to DMH/DD/SAS 5 months after the end of the quarter to allow more time to resolve the complaints. The added time period provides an accurate picture of resolution and final disposition for all complaints initiated during the quarter.